

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2	/						52		/				
3	/						53		/				
4	/						54		/				
5	/						55		/				
6	/						56		/				
7	/						57		/				
8	/						58		/				
9	/						59	/					
10	/						60	/					
11	/						61	/					
12	/						62	/					
13	/						63	/					
14	/						64	/					
15	/						65	/					
16	/						66	/					
17	/						67	/					
18	/						68	/					
19	/						69	/					
20	/						70	/					
21	/						71	/					
22	/						72	/					
23	/						73	/					
24	/						74	/					
25	/						75						
26	/						76						
27	/						77						
28	/						78						
29	/						79						
30	/						80						
31	/						81						
32	/						82						
33	/						83						
34	/						84						
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36	/						86						
37	/						87						
38	/						88						
39	/						89						
40	/						90						
41	/						91						
42	/						92						
43	/						93						
44	/						94						
45	/						95						
46	/						96						
47	/						97						
48	/						98						
49	/						99						
50	/						100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	66						TOTAL DEP.						
TOTAL CLAIMS	74						TOTAL CLAIMS						